

**WORLD LIFE EDUCATION CENTER**

**XEROX TOWER**  
5650 Yonge Street  
Suite 1500 North York  
Toronto Ontario M2M 4G3  
URL: <http://www.worldlifeedu.org>

**APPLICATION FOR PRIVATE TUTORINGS**

Surname		First & Middle Names	Others
Home Address (Toronto)			Telephone number Fax number Mobile Phone number
Email address			
Emergency numbers: Title: Mr. Mrs Surname	Other names	Surname	
	Relationship to Student		
Address if different from above		Address if different from above	
Tel. Numbers		Tel. numbers	
Father's profession		Mother's profession	
Email address		Email address	
Name of school		Grade level -	
Date you wish to start: .....			
High School	University	Others	
Please select the subject/s	Please select the subject/s	Please select subject/s.	
1	1	1	
2	2	2	
3	3	3	
4			

**This section, where we require a brief medical history, MUST be completed fully. Use a separate sheet to provide further information if necessary.**

Have you received any medical treatment in the last two years?      Yes       No

If yes please give details.....  
.....

Do you have any current allergies or medical conditions?      Yes       No

If yes please give details.....  
.....

Are you taking any prescribed medicine on a regular basis?      Yes       No

If yes please give details.....  
.....

**If you do not wish your son/daughter/ others to receive First Aid treatment at the College please explain your reasons.**

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Please give the name and telephone number(s) of at least two people to contact in case of any emergency

Name.....Telephone.....Relationship to student.....

Name.....Telephone.....Relationship to student.....

I hereby apply for admission to World Life Education Center for my son\*/daughter\*/others\*. If I subsequently accept the place offered I undertake to pay all tuition fees incurred as they become due. I understand that the fees may be varied from time to time.

Full name.....

Signature.....

Date.....